

GTC

Prevention Budget

May 2026 issue

1. Object

The following General Terms and Conditions (GTC) apply to the access to and use of the *Prevention Budget* offer, which can additionally be included as part of the group daily sickness benefits insurance pursuant to VVG, Helsana Business Salary (hereinafter referred to as GIC) from Helsana Supplementary Insurance Ltd (hereinafter referred to as Helsana) for the entire contract duration.

Pursuant to Section 2 of the GIC, applicable under the relevant insurance policy, these GTC are an integral part of the aforementioned GIC (from May 2026). All applicable provisions of the GIC also apply to the Prevention Budget offer.

2. Type/description

The Prevention Budget allows the policyholder to access prevention benefits pursuant to Section 6 until the budget has been used up. The policyholder may access and combine these benefits as desired within the budget. Further provisions pursuant to Section 6 apply to the content and use of the individual benefits.

The size of the Prevention Budget (the upper limit) is stated in Swiss francs.

3. Requirements

The Prevention Budget is only available in combination with daily sickness benefits insurance under the Federal Insurance Contract Act (DSB VVG) from Helsana Supplementary Insurances Ltd (from May 2026).

The conclusion of a Prevention Budget and the amount of such a budget (upper limit) is explicitly stated in the relevant DSB policy.

4. Validity

The Prevention Budget specified in the policy is available to the policyholder during the respective insurance year. Any unused budget expires at the end of the insurance year.

In the case of multi-year insurance contracts, the Prevention Budget is renewed each insurance year. If the insurance contract is extended, the Prevention Budget is likewise renewed for each insurance year of the extension.

5. Management of the Prevention Budget

The Prevention Budget is managed by Helsana on behalf of the policyholder. Upon request, Helsana will provide the policyholder with transparent information on the current status of the Prevention Budget – both the amount available and the amount already used – at any time.

If the remaining Prevention Budget is insufficient to cover the benefits ordered, the excess will be invoiced to the policyholder separately.

6. Prevention benefits

The benefits that can be accessed and financed through the Prevention Budget are listed in the Prevention Benefits Catalogue helsana.ch/prevention-benefits-catalogue.

The Prevention Budget cannot be used to access any benefits other than those listed in the Prevention Benefits Catalogue.

The Prevention Benefits Catalogue lists the eligibility requirements, the service provider and the relevant documents for each prevention benefit individually.

For benefits provided by third parties, it may be necessary to conclude an additional contract between the service provider and the policyholder. In such cases, the policyholder authorises Helsana to pay the invoice of the third-party service provider from the policyholder's Prevention Budget.

Helsana reserves the right to adjust prevention benefits and prices at any time, to add new benefits to the Prevention Benefits Catalogue or to withdraw existing benefits at any time and without prior notice.

Helsana or third parties have no continuing duty to provide benefits in such cases.

Prevention benefits provided by Helsana itself that have been withdrawn from the Prevention Benefits Catalogue shall remain owed and shall be provided if they have already been charged to the Prevention Budget.

In the case of services provided by third parties on the basis of a supplementary contract between the third party providing the service and the policyholder, only the provisions of the supplementary contract shall apply.

In particular, Helsana shall not be liable if the third party providing the service can no longer provide the prevention benefit or can no longer provide it properly, for instance if the third party providing the service goes bankrupt. Helsana does not enter into the contract between the third-party service provider and the policyholder.